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(Depositor's name)			
(Signature)	,		
(Date)			

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/541,234	07/01/2005	Satoshi Kitazawa	Q85485	4040

TITLE OF INVENTION: ANTISTATIC LAMINATED POLYESTER FILM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/15/2007
EXAMINER ART UNIT CHEN, VIVIAN 1773		ART UNIT	CLASS-SUBCLASS	03/12/2007 M	AHMED2 60000057 1	0541234
		1773	428-041700	01 FC:1501 ₩2 FC:1504		1480.00 OP
CFR 1.363).  Change of corres Address form PTO/S  "Fee Address" in PTO/SB/47; Rev 03- Number is required  3. ASSIGNEE NAME / PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI	dication (or "Fee Address 02 or more recent) attact AND RESIDENCE DAT alcss an assignee is iden th in 37 CFR 3.11. Com IGNEE upont Films Ja	ange of Correspondence  "Indication form hed. Use of a Customer  A TO BE PRINTED ON tified below, no assignce pletion of this form is NO apan Limited	or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorned in the patent attorned in the patent of type data will appear on the patent as substitute for filing and (B) RESIDENCE: (CITY)	atent front page, list  3 registered patent attornively, e firm (having as a membragent) and the names of urneys or agents. If no namprinted.  be) atent. If an assignee is icassignment. and STATE OR COUNT	sughrue er a p to le is  3  dentified below, the doc TRY)	MION, PLLC
Advance Order -  5. Change in Entity State  a. Applicant claim  NOTE: The Issue Fee an interest as shown by the	No small entity discount # of Copies  atus (from status indicate as SMALL ENTITY stat and Publication Fee (if rec reports of the United St	permitted) A ch P( d above) us. See 37 CFR 1.27.	b. Pavment of Fee(s): (Plea check is attached for large any payment de DDA 19-4880. A dupli b. Applicant is no long d from anyone other than the	r the NOA Fees pay ficiency and credit or icate copy of this form ger claiming SMALL ENT	yment. Please verpayment to n is attached. If in in in its attached.	ciency, or credit any extra copy of this form).
Authorized Signature	Peter D. Olexy 24, 513					

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